# Case 16-01968 Doc 1 Filed 01/22/16 Entered 01/22/16 14:28:05 Desc Main Document Page 1 of 14

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

#### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	Write	e the name that is on	Toika	
		government-issued ire identification (for	First name	First name
		nple, your driver's	A	
	licen	se or passport).	Middle name	Middle name
		g your picture	Jackson	
	identification to your meeting with the trustee.		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	youi num Indi	y the last 4 digits of r Social Security liber or federal vidual Taxpayer tification number	xxx-xx-3357	

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Case number (if known)

Debtor 1 Toika A Jackson

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years	■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		5124 S. Ingleside, Apt 2N				
		Chicago, IL 60615  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Cook				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
ò.	Why you are choosing this district to file for	Check one:	Check one:			
bankruptcy		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	<ul> <li>Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.</li> </ul>			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Document Case number (if known) Debtor 1 Toika A Jackson

Par	Tell the Court About	Your Ba	ankruptcy Ca	ise					
7.	The chapter of the Bankruptcy Code you are				each, see <i>Notice Required by</i> age 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.			
	choosing to file under	■ Cł	napter 7						
		☐ Ch	napter 11						
		☐ Ch	napter 12						
		☐ Ch	napter 13						
8.	How you will pay the fee		about how yo	u may pay. Typica attorney is submit	ally, if you are paying the fee yo	k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with			
						on, sign and attach the Application for Individuals to Pay			
			ū	<i>g Fee in Installments</i> (Official Form 103A). <b>t that my fee be waived</b> (You may request this option only if you are filing for Chapter 7. By law, a judge m					
			but is not req that applies to	uired to, waive you o your family size	ur fee, and may do so only if yo and you are unable to pay the f	our income is less than 150% of the official poverty line fee in installments). If you choose this option, you must fill Official Form 103B) and file it with your petition.			
9.	Have you filed for bankruptcy within the last 8 years?	■ No							
			District		When	Case number			
			District		When	Case number			
			District		When	Case number			
10.	Are any bankruptcy cases pending or being	■ No							
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Ye	S.						
			Debtor			Relationship to you			
			District		When	Case number, if known			
			Debtor			Relationship to you			
			District		When	Case number, if known			
11.	Do you rent your	■ No	Go to li	ine 12.					
	residence?	☐ Ye	s. Has yo	ur landlord obtaine	ed an eviction judgment agains	t you and do you want to stay in your residence?			
				No. Go to line 12.					
				Yes. Fill out <i>Initia</i> bankruptcy petition		Judgment Against You (Form 101A) and file it with this			

Debtor 1 Toika A Jackson Document Page 4 of 14 Case number (if known)

Part	Report About Any Bus	sinesses	You Own	as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.	
		☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code
	it to this petition.		Check		x to describe your business:
					ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	efined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropries deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proced in 11 U.S.C. 1116(1)(B).		a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure	
	For a definition of small	No.	I am r	not filing under Chap	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code.		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Part	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and	☐ Yes.	What is	the hazard?	
	identifiable hazard to public health or safety? Or do you own any				
	property that needs immediate attention?			liate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	
					Number, Street, City, State & Zip Code

Debtor 1 Toika A Jackson Document Page 5 of 14 Case number (if known)

Part 5: Ex

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active

military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1	Toika A Jackson		Case number (if known)	

Par	6: Answer These Questi	ons for R	eporting Purposes				
16.	What kind of debts do you have?	16a.	Are your debts primarily consur individual primarily for a personal,			n 11 U.S.C. § 101(8) as "incurred by an	
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.	Are your debts primarily busines money for a business or investme				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe th	nat are not consum	ner debts or business de	bts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses	■ Yes.	I am filing under Chapter 7. Do yo expenses are paid that funds will b				
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-19 □ 200-99	99	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,00	0	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000	
19.	How much do you estimate your assets to be worth?	□ \$100,0	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$10,000,001 - \$50,000,001 - \$100,000,001	- \$50 million - \$100 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion	
20.	How much do you estimate your liabilities to be?	<b>\$100,0</b>	50,000 001 - \$100,000 001 - \$500,000 001 - \$1 million	\$1,000,001 - \$10,000,001 - \$50,000,001 - \$100,000,001	- \$50 million - \$100 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion	
Par	7: Sign Below						
For	you	I have ex	camined this petition, and I declare u	under penalty of pe	erjury that the information	on provided is true and correct.	
			chosen to file under Chapter 7, I am tates Code. I understand the relief a			ler Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7.	
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.					
		bankrupto 1519, and	and making a false statement, cond cy case can result in fines up to \$25 d 3571. a A Jackson				
			A <b>Jackson</b> e of Debtor 1		Signature of Debtor 2		
		Executed	d on January 22, 2016		Executed on		
			MM / DD / YYYY		MM / DD	) / YYYY	

Debtor 1 Toika A Jackson Page 7 of 14 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Lia Kas	sios	Date	January 22, 2016
Signature of	Attorney for Debtor		MM / DD / YYYY
Lia Kasios	i		
Printed name			
Ledford, V	Vu & Borges, LLC		
Firm name			
105 W. Ma	dison		
23rd Floor	•		
Chicago, I	L 60602		
	City, State & ZIP Code		
Contact phone	312-853-0200	Email address	notice@billbusters.com
6306292			
Bar number & St	ato		

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B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Illinois

In re	Toika A Jackson		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMP	ENSATION OF ATTO	RNEY FOR DEE	BTOR(S)	
co	ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 ompensation paid to me within one year before the file rendered on behalf of the debtor(s) in contemplatio	ling of the petition in bankruptcy	y, or agreed to be paid to	me, for services rendered or	to
	For legal services, I have agreed to accept		\$	0.00	
	Prior to the filing of this statement I have receive	d	\$	0.00	
	Balance Due			0.00	
2. \$_	<b>0.00</b> of the filing fee has been paid.				
3. Ti	he source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. Tl	he source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. <b>I</b>	I have not agreed to share the above-disclosed cor	mpensation with any other persor	n unless they are member	rs and associates of my law fi	i <b>rm.</b>
	I have agreed to share the above-disclosed competed copy of the agreement, together with a list of the results.				Ą
5. Ir	n return for the above-disclosed fee, I have agreed to	render legal service for all aspec	cts of the bankruptcy cas	e, including:	
b. c.	Analysis of the debtor's financial situation, and ren Preparation and filing of any petition, schedules, st Representation of the debtor at the meeting of cred [Other provisions as needed]  Notwithstanding the preceding paragr petition only.	tatement of affairs and plan whic litors and confirmation hearing, a	th may be required; and any adjourned hearin	ngs thereof;	the
7. B	y agreement with the debtor(s), the above-disclosed	fee does not include the followin	ng service:		
		CERTIFICATION			
	certify that the foregoing is a complete statement of a nkruptcy proceeding.		r payment to me for repr	resentation of the debtor(s) in	
Jai	nuary 22, 2016	/s/ Lia Kasios			
Da	te	Lia Kasios 6306: Signature of Attorn Ledford, Wu & B 105 W. Madison 23rd Floor Chicago, IL 6060	ney Borges, LLC		
		312-853-0200 F	ax: 312-873-4693		
			ers.com		
		Chicago, IL 6060	ax: 312-873-4693		_

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BILLBUSTERS

Ledford, Wu and Borges, LLC

105 W. Madison, 23<sup>rd</sup> Floor, Chicago, IL 60602 (312)853-0200 Fax: (312)873-4693

### **CONSULTATION AGREEMENT**

FOR	OFFIC	E USE	
Client No.	1841	<b>n</b> win	1-
Interviewi	ng Attor	ney:	
Date: 23	DEC.	2015	
19 13 BIR			Fr. 600 SH S
			-C. 1867 (5750V)

# THIS AGREEMENT IS REQUIRED BY FEDERAL LAW (11 U.S.C. § 528(a))

- 1. Parties: In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means the law firm of Ledford, Wu & Borges, LLC and its staff attorneys.
- 2. Purpose: Client has requested the opportunity to consult with and obtain information and advice from Attorney concerning options for relief from debts, which may include filing bankruptcy. This agreement is for purposes of that consultation only.
- 3. Client's Duties: In order for Attorney to give meaningful advice, Client agrees to give accurate, honest, full and fair disclosure of financial information concerning income over the past three years from all sources, monthly living expenses, the type and amount of all debts (including names and addresses of all creditors), all assets and property owned by the client, wherever located and by whomever held, and any additional information determined by Attorney to be relevant.
- 4. Services: The attorney agrees to provide Client with the following services:
  - analyzing Client's financial circumstances based on information provided by Client;
  - b. to the extent possible, advising Client of bankruptcy options and non-bankruptcy options based on the information provided by Client;
  - c. if Client has not provided Attorney with sufficient information upon which to fully advise Client on Client's options, informing Client what additional information Client needs to provide in order to enable Attorney to provide such advice and information;
  - d. where applicable, advising Client of the requirements placed upon Client to file a bankruptcy; and
  - e. to the extent possible, quoting a fee for providing bankruptcy and/or nonbankruptcy assistance to Client

5. Fees	(check one):
<del></del>	A consultation fee will be waived if Client decides not to retain Attorney, in which case the attorney-client relationship shall terminate at the conclusion of the interview  Client agrees to pay \$ in nonrefundable consultation fee
Client ar	rent Client decides to retain Attorney, this consultation becomes billable and is covered by the legal fee charged for and a new written contract, as well as a Court-Approved Retention Agreement if applicable, must be signed by and Attorney, which shall supersede this agreement. The new agreement(s) will also provide a detailed explanation arties' obligations and a breakdown of the costs.
CHIOTH 19	<b>owledgement</b> : Client acknowledges that the first date upon which Attorney provided any bankruptcy assistance to the date noted above, and that Attorney provided Client with a copy of this agreement and the disclosure and ion mandated by Section 527(b) of the Bankruptcy Code
x Joi	ky Jackson x Deklerbar Date: 12, 23, 15
Attorney	Signature:

#### LEDFORD, WUSSER, 16-01968 Doc 1

105 W. Madison, 23rd Floor, Chicago, IL 60602 (312)853-0200 Fax: (312)873-4693

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FOR OFFICE USE (7) Client No. Responsible attorney:

1. Parties. In this contract, "Client" means the undersigned, both individually and jointly; "Attorney" means the law firm of Ledford & Wu and its staff attorneys. This contract shall supersede any prior contracts and agreements between the parties to the extent of any inconsistency. Services and Fees: Client retains Attorney for the following services: Chapter 7 (prepetition service only): \$\_\_\_\_560\_\_PLUS \$335 filing fee (court cost) Client retains Attorney for the sole purpose of preparing and filing a Chapter 7 bankruptcy petition (without the required summary, schedules and statements). Attorney's duty to further counsel and represent Client ends, and the attorney-client relationship is terminated, at the end of the first week after commencement of the case, unless the parties enter into a separate retention contract for postpetition services within that period. If no such contract is executed, Attorney may file a motion to withdraw from the case. ☐ Chapter 7 (service through discharge): \$\_ \_ PLUS \$335 filing fee (court cost) TOTAL: \$ 575 less retainer received: \$ 760 Fee balance: \$ 195 To be paid by: 1/6/16
The legal fee is an advance payment retainer security retainer classic retainer, and is a flat fee unless otherwise stated. Attorney is unable to represent Client without receiving an advance payment retainer since a security retainer will be within the reach of Client's creditors. Should hourly billing be necessary, Attorney's billing rates are \$300-\$350/hour for senior partners, \$250/hour for junior partners and associates, and \$90/hour for law clerks. The filing fee and expenses are subject to change at any time. The billing rates are subject to an annual review and potential increase every calendar year. The legal fee covers the initial consultation and all subsequent work. All fees required in this section are to be paid in full before filing. The case may be closed if the fees are not paid by the deadline. Additional legal fees and court costs may apply, and a separate contract may be required, in the event of conversion from one chapter to another, amending a petition, list, schedule or statement post-filing not due to Attorney's fault, attending additional creditors' meetings, reopening of a closed case, unnecessary work caused by Client's delay, or any other fact not known to Attorney in writing at the time of the initial consultation that complicates the case. NSF checks will be assessed a \$20 fee. 3. Scope of Representation: (a) Attorney will counsel and represent Client in all aspects of the above matter(s) EXCEPT: (1) adversary proceedings; (2) § 722 redemption; (3) judicial lien avoidance; (4) post-discharge litigation; (5) appeals; (6) other: \_ (b) Attorney may agree, but is not obligated, to represent Client in the above excluded matters for an additional fee, to be agreed upon separately by the parties. Initial Consultation. Client acknowledges that Attorney has explained the following (please initial): The options of Chapter 7 and Chapter 13 and that Client has made the choice identified in Paragraph 2 The concepts of exemption, discharge and dischargeability, and pre-filing and post-filing procedures The difference among various types of retainer and that Client has made the choice identified in Paragraph 4 TIME IS OF THE ESSENCE. Any delay on Client's part may disqualify Client for the type of relief elected or otherwise adversely affect Client's case. Attorney may not be able to file the case, or take other necessary actions, until all requested documents and/or information, including but not limited to a certificate of credit counseling, are received by Attorney Other (specify): Client understands that the advice given during the initial consultation is preliminary and based on the information available at the time, and may change as the case is further analyzed, more facts discovered, or Client's circumstances or the law changed. 5. Client's Duties. Client agrees, during the course of representation, to: (a) provide Attorney with full, accurate and timely information, financial and otherwise; (b) follow Attorney's procedures and cooperate with Attorney in providing requested documents; (c) promptly inform Attorney of any change of address, phone number, e-mail address or employment, or activation of military duty; (d) inform Attorney before buying, selling, refinancing or transferring any real property in which Client has any interest, and before incurring any new debt, including but not limited to applying for an auto loan, personal loan, payday loan or title loan, applying for a credit card or line of credit, or using an existing credit card or line of credit; and promptly inform Attorney if Client becomes entitled to an inheritance, an asset as a result of a property settlement agreement with Client's spouse or a divorce decree, life insurance proceeds, or a monetary judgment, award or settlement. 6. Co-counsel. Client understands that more than one attorney may work on this case. Where necessary, Client agrees to employ one or more of the following outside counsel, at Attorney's expense, to work on this case: Kathleen W. Vaught, Kelly M. Johnson, Wayne J. Skelton, Christina Banyon, David Hall Carter, and 7. Termination. Client may discharge Attorney at any time, subject to payment of any fee owed for the services already rendered. Attorney may terminate the representation as permitted by the Illinois Rules of Professional Conduct and Local Bankruptcy Rules. Any flat fee for a bankruptcy case is advance payment for future services, becomes Attorney's property upon receipt, and is nonrefundable upon filing of the petition. In the event the representation is terminated by either party before filing and Client has paid Attorney more than \$300, Attorney will provide Client with a detailed itemization of the services rendered in support of any fee charged at the rate set forth in Paragraph 4, Client will

fee and any payment for expenses that have not been incurred towards the attorney's fee, subject to the requirements set forth herein. Attorney signature:

reimburse Attorney for any expenses, including those that otherwise would be free of charge, and Client authorizes Attorney to apply the filing

Acceptance Now Customer Service 501 Headquarters Dr Plano, TX 75024

Afni 1310 Martin Luther King Dr Bloomington, IL 61701

Allied Interstate PO Box 361445 Columbus, OH 43236

Americash Loans 880 Lee Street Suite 302 Des Plaines, IL 60016

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One Auto Finance 7933 Preston Rd Plano, TX 75024

Cds/Escallate LLC Attn:Bankruptcy 5200 Stoneham Rd Ste 200 North Canton, OH 44720

Chase PO Box 182223 Columbus, OH 43200

Chgo Pm Cu 1407 W Washington Blvd Chicago, IL 60607

Comcast Po Box 3001 Southeastern, PA 19398 Computer Credit Inc. Claim Dept. 640 W. 4th St., P.O. Box 5238 Winston Salem, NC 27113-5238

Credit Collection Service PO Box 55126 Boston, MA 02205

Credit Collection Service 725 Canton St.
Norwood, MA 02062

Credit One Bank PO Box 98872 Las Vegas, NV 89193

DeVry University 75 Remittance Dr. Suite 1815 Chicago, IL 60675

Fed Loan Servicing Po Box 69184 Harrisburg, PA 17106

Fingerhut 6250 Ridgewood Rd St Cloud, MN 56303

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First Premier Bank Po Box 5529 Sioux Falls, SD 57117

Glen Dental Center 2222 Chestnut Glenview, IL 60025

Illinois Tollway P.O.Box 5544 Chicago, IL 60680-5544 Jackson Park Hospital 7531 S. Stoney Island Chicago, IL 60649

Lendup 237 Kearny St #372 San Francisco, CA 94108

M3 Financial Services P0 Box 7230 Westchester, IL 60154

Medical Business Bureau PO Box 1219 Park Ridge, IL 60068-7219

Medicredit Inc. Po Box 1629 Maryland Heights, MO 63043

Mercy Hospital 25739 Network Pl Chicago, IL 60673

Mercy Hospital 25739 Network Pl Chicago, IL 60637

New Age Chicago Furnitire 4238 S. Cottage Grove Chicago, IL 60653

Northwest Collection 3601 Algonquin Rd Suite 232 Rolling Meadows, IL 60008

PEF Clinic II, LTD 2850 S. Wabash Chicago, IL 60616

Peoples Gas 200 E Randolph St 20th Floor Chicago, IL 60601

Radiological Physicians PO Box 2150 Bedford Park, IL 60499

Rush Med Group 75 Remittance Dr Chicago, IL 60675

Stellar Recovery Inc. 4500 Salisbury Road Suite 105 Jacksonville, FL 32216

Syncb/Care Credit PO Box 965036 Orlando, FL 32896

TCF Bank 1405 Xenium Lane Minneapolis, MN 55441

University of Chicago 15965 Collections Center Drive Chicago, IL 60693